UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Mail Processing Section MAR 122009

Washington, DC

TEMPORARY FORM D

OMB APPROVAL OMB Number 3235-0076 March 15, 2008 Expires: Estimated average burden hours per response 4.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Participating shares of Highbridge Convertible Opportunities Fund, Ltd.							
Filing Under (Check box(es) that apply): Type of Filing: New Filing	☐ Rule 504 ☑ Amendment	Rule 505	Rule 50	e <u>Discourance</u>			
	A. BASI	C IDENTIFICAT	ION DATA	MAR 27 2000			
1. Enter the information requested about	the issuer			- Lugg			
Name of Issuer (check if this is an ame Highbridge Convertible Opportunit		changed, and indi	cate change.)	THOMSON REUTERS			
Address of Executive Offices 9 West 57 th Street, 27 th Floor, New Y		nd Street, City, Sta		Telephone Number (Including Area Code) (212) 287 - 4900			
Address of Principal Business Operations (if different from Executive Offices)	(Number a	nd Street, City, Sta	e, Zip Code)	Telephone Number (Including Area Code)			
Brief Description of Business Private In	vestment Fund						
	artnership, already for artnership, to be form		er (please spec	ify): An exempted company with limited liability			
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizati	on: (Enter two-le	Month Year 09 08 tter U.S. Postal Ser da; FN for other for	vice abbreviati				

GENERAL INSTRUCTIONS

Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T. Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Director Beneficial Owner ☐ Executive Officer General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Dubin, Glenn Business or Residence Address (Number and Street, City, State, Zip Code) 9 West 57th Street, 27th Floor, New York, NY 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Crawshaw, Richard Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 10763 Grand Cayman KY1-1007, Cayman Islands, British West Indies ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Harris, Clive Business or Residence Address (Number and Street, City, State, Zip Code) Box 30142 SMB Grand Cayman, Cayman Islands, British West Indies Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or *Trading Manager of the Issuer (the "Trading Manager") Managing Partner* Full Name (Last name first, if individual) Highbridge Capital Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 9 West 57th Street, 27th Floor, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner □ Director ☐ General and/or *Chief Compliance Officer of the Trading Manager Managing Partner Full Name (Last name first, if individual) Oliva, John Business or Residence Address (Number and Street, City, State, Zip Code) 9 West 57th Street, 27th Floor, New York, New York 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Promoter ☐ Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Executive Officer

Director

☐ General and/or Managing Partner

<u></u>					E	. INFOR	MATION	ABOUT	OFFERIN	NG					
1. H	as the issue	er sold, or o	does the is	suer intend	to sell, to	non-accre	dited inve	stors in thi	s offering:	?				Yes	No No
Answer also in Appendix, Column 2, if filing under ULOE.															
										\$ <u>1,000,0</u>	<u>00*</u>				
*the Administrator in its discretion may accept lower amounts															
3. Does the offering permit joint ownership of a single unit?										Yes ⊠	No □				
re p th	muneration erson or ag	for solicient of a br	tation of poker or de	ourchasers ealer regist	in connec ered with	tion with s the SEC a	sales of second/or with	curities in a state or	the offerin	g. If a pe the name	rson to be of the bro	listed is a ker or dea	on or similar n associated ler. If more nat broker or		
Full N	ame (Last r	ame first,	if individu	ıal)						•					
	ss or Resid					State, Zip (Code)								
J.P. M	of Associat organ Sec	urities Inc	: .					·							
States	in Which P	erson Liste	ed Has Sol	licited or I	ntends to S	Solicit Purc	hasers								
	(Check	"All State:	s" or checl	k individu	al States)								•	🛛 Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	ame (Last r	ame first,	if individu	ıal)											
Busine	ss or Resid	ence Addr	ess (Numl	ber and Str	eet, City,	State, Zip (Code)								
Name	of Associat	ed Broker	or Dealer									,	<u></u>		
States	in Which P	erson Liste	ed Has Sol	licited or I	ntends to S	olicit Purc	hasers								
(0	Check "All	States" or	check indi	vidual Sta	tes)	•	••••••		•••••	•••••				🗌 Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [1A] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	ame (Last r	ame first,	if individu	ıal)		· · · · · · · · · · · · · · · · · · ·									
Busine	ss or Resid	ence Addr	ess (Numb	per and Str	eet, City, S	State, Zip (Code)								
Name	of Associat	ed Broker	or Dealer												
States	in Which P	erson Liste	ed Has Sol	licited or I	ntends to S	Solicit Purc	hasers						-		
(Check "All States" or check individual States)									🗀 All	States					
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	(CA) [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Price Type of Security Amount Already Sold Debt \$10,000,000,000 \$15,600,000 Equity ⊠ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests\$ Other (Specify Participating Shares)......\$___ Total \$10,000,000,000 \$<u>15,600,000</u> Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." 2. Aggregate Dollar Amount of Number Investors Purchases Accredited Investors \$15,600,000 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. 3. Type of Security **Dollar Amount** Type of Offering Sold Rule 505..... Regulation A..... Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. Other Expenses (identify) b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$9,999,900,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C	OFFERING PRICE	, NUMBER OF INVESTORS,	EXPENSES AND	USE OF PROCEEDS
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5.	Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes shown, purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must exproceed to the issuer set forth in response to Part C – C	If the amount for any he box to the left of the qual the adjusted gross					
			Óff Direc Affi	ents to icers, tors, & liates	Payments to Others		
	Salaries and fees		□ \$		□ \$		
	Purchase of real estate		□ \$				
	Purchase, rental or leasing and installation of machiner	y and equipment	\$		\$		
	Construction or leasing of plant buildings and facilities		\$		\$		
	Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger)	for the assets	\$	\$			
	Repayment of indebtedness	••••••	\$		□ \$		
	Working capital		\$		\$		
	Other (specify): Investment Capital		∑ \$ <u>9,999,</u> 9	000,000	\$		
	Column Totals Total Payments Listed (column totals added)		⊠ \$ <u>9,999,</u> 9	900,000 \$9,999,9	□ \$ <u>900,000</u>		
	D. FEDE	CRAL SIGNATURE					
followi	uer has duly caused this notice to be signed by the under signature constitutes an undertaking by the issuer to of its staff, the information furnished by the issuer to an	o furnish to the U.S. Sec	curities and E	Exchange Comi	mission, upon written		
	Print or Type) idge Convertible Opportunities Fund, Ltd.	Signatur		Date 3/10/09			
Name o John O	of Signer (Print or Type)	Title of Signer (Print or Type) Chief Compliance Officer of Highbridge Capital Management, LLC, the Trading Manager of the Issuer					
		ATTENTION	. 1	10 11 6 6 1001			

